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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

OCUMENT # P95000096040 (7)

1. Corporation Name DORMAN TRUCKING INC.					
rincipal Place o	f Business	Mailing Address		1 JANIHADI (IÈ IGIO) Etili DAlit DELIT	Adili Adila land diin gant giète gare san
3483 Highway 19 South Perry Fl. 32347		3483 HIGHWAY 19 SOUTH PERRY FL 32347			
				Date incorporated or Qualified 12/19/1995	
Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 59 33 46 35 4	Applied For Not Applicable
		Suite Apt. #, etc			\$8.75 Additional
Suite, Apt. #,	Par 556.4		1226	5. Certificate of Status Desired	Fee Required
City & State	Bex 556.4	City & State	_	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
PERR	y FL	28 PERRY	Country HSN	8. This corporation has liability fo	Auded to rees
Zip	Country USA TO 25 THILDE F	Zip 32347	30 TANDE FO	1	es No
5234	9. Name and Address of Curre	c 29 3234	30 111/2/2 1 2	10. Name and Address of New	Registered Agent
	a. Hallo and Hadisə		81 Name		
DORMAN,	MARIA		82 Street Add	lress (P.O. Box Number is Not Accepta	able)
	HWAY 19 SOUTH				
PERRY FL			83		
			B4 Orty		FL 85 Zip Code
or registers familiar with	ed agent for both, in the State of He h, and accept the obligations of, Sc	ection 607.0505. Florida Statutes	s, the above named corporation's box	oration submits this statement for the part of directors. Thereby accept the apart win remains	
or registers familiar with SIGNATURE	ed agent or both, in the state of his h, and accept the obligations of, Sc	ection 607.0505. Florida Statutes	El Regionald April squares respect	retwin in Sats y ADDITIONS/CHANGES TO O	DATE FFICERS AND DIRECTORS IN 12
or registers familiar with signature	Signated by additional management of both and accept the obligations of, Science by additional management of the obligations of	oction 607.0605. Florida Statutes pot a 165 it agricate # #951 AND D:RECTORS	13. 1 1 THE 12 NAME	ward where the could be the	DATE FFICERS AND DIRECTORS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/46 9045344870